

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>09761753</b>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23		1				
24		1				
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29		1				
30		1				
31	1					
32		1				
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36		1				
37		1				
38		1				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	23					
TOTAL CLAIMS	26					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								